

SAFE Reference Form : Couple

To: _____

Date: _____

REFERENCE CONCERNING:

Applicant #1:

Applicant #2:

The above named individuals have applied to our agency to become foster and/or adoptive parents and the Applicants have given us your names in order for you to provide a reference for them.

During the process of working with families who want to adopt and/or foster we get to know them in a certain capacity. The information you provide is crucial for us to get to know the Applicants more fully. We would appreciate it if you would answer the following questions and return the completed form at your earliest convenience. If you have questions about this request or prefer to speak with me directly I can be reached at the phone number listed at the end of this form.

1 How long have you known the Applicants and in what capacity?

2 Of the following characteristics, which ones best describe the Applicants? (Check all that apply)

Applicant #1		Applicant #2	
<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Active	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Active
<input type="checkbox"/> Honest	<input type="checkbox"/> Happy	<input type="checkbox"/> Honest	<input type="checkbox"/> Happy
<input type="checkbox"/> Friendly	<input type="checkbox"/> Emotional	<input type="checkbox"/> Friendly	<input type="checkbox"/> Emotional
<input type="checkbox"/> Responsible	<input type="checkbox"/> Nervous	<input type="checkbox"/> Responsible	<input type="checkbox"/> Nervous
<input type="checkbox"/> Serious	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Serious	<input type="checkbox"/> Stubborn
<input type="checkbox"/> Supportive	<input type="checkbox"/> Rigid	<input type="checkbox"/> Supportive	<input type="checkbox"/> Rigid
<input type="checkbox"/> Hardworking	<input type="checkbox"/> Calm	<input type="checkbox"/> Hardworking	<input type="checkbox"/> Calm
<input type="checkbox"/> Moody	<input type="checkbox"/> Involved	<input type="checkbox"/> Moody	<input type="checkbox"/> Involved
<input type="checkbox"/> Confident	<input type="checkbox"/> Flexible	<input type="checkbox"/> Confident	<input type="checkbox"/> Flexible
<input type="checkbox"/> Compassionate	<input type="checkbox"/> Fun	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Fun
<input type="checkbox"/> Compulsive	<input type="checkbox"/> Assertive	<input type="checkbox"/> Compulsive	<input type="checkbox"/> Assertive
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Careful	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Careful
<input type="checkbox"/> Sense of humor	<input type="checkbox"/> Angry	<input type="checkbox"/> Sense of humor	<input type="checkbox"/> Angry

3 What kind of experience has each Applicant had with children?

4 The Applicants are capable of providing love and security to a child. (Check one for each person)

Applicant #1

Applicant #2

- Strongly agree
 Agree
 Somewhat agree
 Disagree
 Strongly disagree

- Strongly agree
 Agree
 Somewhat agree
 Disagree
 Strongly disagree

5 To your knowledge, are the Applicants affiliated with any groups or organizations that promote beliefs or values that cause you concern and/or seem incompatible with responsible parenting?

Yes No If Yes, please explain: _____

6 Have the Applicants ever exhibited any of the behaviors below? (Check all that apply)

Applicant #1

Applicant #2

- Excessive use of alcohol
 Poor work history
 Child pornography
 Child abuse or neglect
 Drug abuse
 Violent behavior
 Poor money management
 Compulsive gambling
 Inappropriate sexual behavior
 Criminal activities
 Pornography
 Other: _____

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 Poor work history
 Child pornography
 Child abuse or neglect
 Drug abuse
 Violent behavior
 Poor money management
 Compulsive gambling
 Inappropriate sexual behavior
 Criminal activities
 Pornography
 Other: _____

7 Have the Applicants ever experienced any of the conditions below? (Check all that apply)

Applicant #1

Applicant #2

- Mental Illness
 Anxiety
 Depression
 Suicidal tendencies
 Developmental delays
 Impaired judgement
 Danger to self or others
 Other: _____

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 Other: _____

8 If you checked any of the behaviors/conditions in questions 6 and 7, please explain:

9**This is a compatible couple with a strong, loving and stable relationship.** *(Please check one)*

- N/A Strongly agree Agree Somewhat agree Disagree Strongly disagree

10**Which of the following statements best describe the level of support the Applicants receive from their friends, family, community and religious institutions?** *(Please check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Many close friends | <input type="checkbox"/> Several close friends | <input type="checkbox"/> Few or no close friends |
| <input type="checkbox"/> Many close family contacts | <input type="checkbox"/> Several close family contacts | <input type="checkbox"/> Few or no family contacts |
| <input type="checkbox"/> Many social contacts | <input type="checkbox"/> Several social contacts | <input type="checkbox"/> Few or no social contacts |
| <input type="checkbox"/> Active in community | <input type="checkbox"/> Some community involvement | <input type="checkbox"/> No community involvement |
| <input type="checkbox"/> Active in religious community | <input type="checkbox"/> Some religious community involvement | <input type="checkbox"/> No religious community involvement |

11**Would you feel comfortable allowing the Applicants to care for your child permanently if you were unable to do so?**

- Very comfortable Comfortable Uncomfortable Very uncomfortable

12**Is there anything that we have not covered in this questionnaire that you believe would be important for us to know about the Applicants?**

- Yes No If Yes, please explain:

Please provide a phone number for us to contact you if we have any further questions.

Day phone # _____

Evening phone # _____

Cell phone # _____

Signature _____ Date _____

Thank you for your time in completing this questionnaire.

Name of person completing the home study _____

Telephone # _____

Name of Agency: _____

Address _____